



Medical Examiner Department
Public Interment Program



Pre-Approval Checklist

Resident's/Patient's Name: _____
Last First Race/Sex Age

In order to determine eligibility for the Public Interment Program, please complete the Pre-Approval Checklist.

1. Will the death occur in Miami-Dade County? ☐ yes ☐ no
2. Does the patient/resident have any next of kin or legally authorized person (s)?
☐ yes ☐ no **(If no, please proceed to question # 5)**
3. If yes, was the next of kin or legally authorized person notified? ☐ yes ☐ no
4. Was the next of kin, or legally authorized person advised of other options, i.e. low-cost funeral homes? ☐ yes ☐ no
5. If no, has a diligent effort been made to locate next of kin, i.e. certified letter, etc.?
☐ yes ☐ no (please detail)
6. Was patient account information verified? (nursing home residents/ALF, etc.)
☐ yes ☐ no (If in excess of \$400, please contact a low cost funeral home)
7. Are all applicable PIP forms completed and signed? ☐ yes ☐ no

Please indicate form (s) completed ☐ Verification of no Next of Kin Affidavit ☐ Decedent Information
☐ Authorization for Cremation & Disposition ☐ Financial Disclosure Affidavit

PLEASE INCLUDE AN ADMISSIONS FACE SHEET!

COMMENTS: (If additional space is needed, please use agency's letterhead stationery.)

Completed By: _____ Telephone: _____

Facility/Agency: _____ Date: _____

For after hours and weekend removals, contact:
Allen and Shaw Cremations, Inc. (305-681-1426)

PIP FAX: 305-545-2409